



Real Possibilities in

Connecticut

AARP Testimony

Legislative Program Review and Investigations Committee

Long Term Services and Supports in Home and Community Settings Study

Wednesday, September 21, 2016

On behalf of AARP Connecticut and approximately 600,000 members in the state, AARP thanks the Committee for the opportunity to offer our comments as you proceed with your study of Long-Term Care Services and Supports in Home and Community Settings.

AARP is a nonprofit, nonpartisan organization, with a membership of nearly 38 million, that helps people turn their goals and dreams into real possibilities, strengthens communities and fights for the issues that matter most to families such as healthcare, employment and income security, retirement planning, affordable utilities and protection from financial abuse.

The need for long-term services and supports (LTSS), including both institutional care and home- and community-based services (HCBS), is increasing as the population ages. By 2030, more than one in four Connecticut residents will be 60 or older. In Connecticut, Medicaid LTSS expenditures account for 40 percent of all Medicaid spending and 15 percent of total state expenditures.

In a 2010 nationwide survey, the vast majority of respondents age 65 and older (88 percent) indicated that they wanted to stay in their own homes and communities. Yet, Connecticut Medicaid continues to serve many individuals in nursing facilities — nearly 24,000 — compared to 15,000 individuals served in Medicaid-funded HCBS. Furthermore, over half of all Medicaid dollars spent in Connecticut for LTSS are spent on institutional care.

Although Medicaid is the primary payer of LTSS nationally and in Connecticut specifically, most LTSS is still provided as unpaid support by family caregivers. A family caregiver refers to any relative, partner, friend, or neighbor who has a significant relationship with, and who provides a range of assistance for an older adult or an adult with chronic or disabling conditions. An estimated 459,000 unpaid family caregivers in Connecticut provide 427 million hours of care with an estimated economic value to the state of \$5.93 billion which is double the amount the state spends in Medicaid-funded LTSS.

In the future however, fewer caregivers will be available to support their loved ones as they age. A recent analysis by AARP suggests that the ratio of potential caregivers age 45 to 64 relative to the number of adults age 80 and over in Connecticut will decline substantially over the next 25 years — from 6.3 caregivers for each older adult in 2010 to 3.9 in 2030 and to only 2.8 by 2050. This declining caregiver ratio suggests that publicly and privately-financed HCBS will become even more essential in the future.

Caregiving has a significant impact on family members who also work outside of the home. It also impacts their employers. A national survey found 60 percent of family caregivers are currently employed and six in ten of those caregivers reported at least one change to their work situation due to their caregiving role. This includes being absent from work for extended periods, moving from full to part-time status, or even leaving the workforce entirely. Having adequate publicly or privately-financed HCBS can support working caregivers, allowing them to remain in the workforce, as well as support employers who can retain skilled and experienced employees.

AARP believes that supporting family caregivers is a cost-effective strategy to help keep seniors at home—where they want to be—and out of costly institutions. Here are a few policy options that Connecticut should consider:

- **Home and Community Based Care:** Increase the number of older adults who have access to state-funded services at home, like home care and adult day care by re-opening level one of the Connecticut Home Care Program for Elders. This would help seniors access cost-effective supportive services and early intervention that will avoid or delay nursing home placement.
- **Caregiver Training:** Provide family caregivers more training and support, including free access to audit public college courses that can help with their caregiving responsibilities.
- **Registry of Home Care Workers:** Allow family caregivers access to private pay workers who can help provide care in the home.
- **Respite Care:** Increase services that allow family caregivers to get some relief from their caregiving responsibilities.
- **Telehealth:** Help to break down the barriers that prevent use of telehealth—digital information and communication technologies, like computers and mobile devices, that help family caregivers manage their own or their loved one's health.
- **Workplace Flexibility:** Help working caregivers balance responsibilities at home and work through state improvements to the Federal Family and Medical Leave Act (FMLA) and improvements to employers' paid and/or unpaid leave policies.
- **Caregiver Tax Credits:** Create a modest caregiver tax credit that gives family caregivers some relief when using their own money to care for a loved one.

Thank you for the opportunity to provide feedback. We look forward to analyzing PRI's final recommendations and finding ways to work collaboratively with legislators and other stakeholders on these important issues.